PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/581122

		SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY						
FC)R	NUMBE	RFILED	NUMBER	EXTRA	RATE	FEE	ſ	RATE	FEE	
ВА	SIC FEE						345.00	OR		690.00	
то	TAL CLAIMS	34	minus 2	0= 19		X\$ 9=		OR	X\$18=	24	
INDEPENDENT CLAIMS minus 3 = ' /						X39=		OR	X78=	118	
MU	LTIPLE DEPEN	DENT CLAIM PF	RESENT	+130=		OR	+260=	_			
* If	the difference	in column 1 is l	ess than zer	olumn 2	TOTAL		OR	TOTAL	1020		
	CI	LAIMS AS A (Column 1)	MENDED	(Column 3)	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	图题之	CLAIMS REMAINING AFVER AMENDMENT	4	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	· 94)	Minus	34	=	X\$ 9=		OR	X\$18=		
AME	Independent	NITATION OF MI	Minus	FNDENT CLAIM	=	X39=		OR	X78=		
-	FIRST PRESE	NTATION OF MU	JETTELE DEP	ENDENT CLAIM		. +130=	,	OR	+260=		
						TOTAL		OR	TOTAL		
		(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE		4	ADDIT. FEE	-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=		
	Independent	•.	Minus	***	=	X39=		OR	X78=		
Ĥ	FIRST PRESE	NTATION OF MU			<u> </u>	+130=		OR	+260=		
		Best A	vailat	C	TOTAL ADDIT. FEE		اما	TOTAL ADDIT. FEE			
Ŀ		(Column 1)		(Column 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	<u> </u>	
	Independent	•	Minus	***	2	X39=			X78=	 	
lacksquare	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					7.00-		OR	}	 	
		4 to to 11		nn 2	shame 0	+130=		OR	+260=		
••	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE-(CALCULATION SHEET)

APPLICATION NUMBER:

Total Fee Calculation

	Fee Cade	Total # Claims	Number Extra	X	Fee	Fec • Total
	Տա./Նց.				Sm. Entity	Lg Entiry
Basic Filing Fee	2017101 -				345	<u>690</u> . 690
Tatal Claims >20	203/103	34 -20 -	14	· ·	9	18 . 257
Independent Claum: >3	202/102	4 ,.	<u>/</u> :	Ċ	39	18 . 18
Mult, Dep Claim Present	204/104				/30	260 -
Surcharge	205/105				65	130 . 130
English Translation	139					
TOTAL FEE CALCULA	ATION		•	, -· `	· .	1150

Fees due upon filing the application.

Total Filing Fees Due = Less Filing Fees Submitted

BALANCE DUE

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)